

APPLICATION CHECKLIST FOR A MISSOURI TEACHER CERTIFICATE UPGRADE/EXTENSION/REACTIVATION

If you are requesting your certificate be upgraded from a temporary or provisional to an initial PC the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Teacher Certificate Upgrade/Extension/Reactivation. Sections D, E and F **must** be completed by the employing Missouri school district.

If you are requesting your certificate be upgraded to a CCPC the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Teacher Certificate Upgrade/Extension/Reactivation. Sections A, E and F **must** be completed by the employing Missouri school district.

☐ **Processing Fee**

\$35 Money Order or Certified Check made payable to "Treasurer, State of Missouri."

If you are requesting an extension or reactivation of your initial PC or CCPC classification the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Teacher Certificate Upgrade/Extension/Reactivation. Sections B, E, and F **must** be completed by the employing Missouri school district

If you are requesting a CCPC (exemption) classification; the following must be submitted:

☐ **Application Form**

Completed Application for Missouri Teacher Certificate Upgrade/Extension/Reactivation. Sections C, E, and F **must** be completed by the employing Missouri school district.

☐ **Advanced Documentation**

Two of the three must be documented:

- ✓ Verification of 10 years of approved teaching experience;
- ✓ Master's degree in education or in an area of certification. Official transcripts **MUST** be submitted showing degrees conferred; or
- ✓ National Board Certification. Supporting documentation **MUST** be submitted

PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! An incomplete packet will not be processed. Mail the complete application packet to:

Educator Certification
Post Office Box 480
Jefferson City, MO 65102-0480
<http://dese.mo.gov>

You can check the status of your application on our website at <http://dese.mo.gov/divteachqual/teachcert/>



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

APPLICATION FOR MISSOURI TEACHER CERTIFICATE UPGRADE/EXTENSION/REACTIVATION

(Application will be accepted within 30 days prior to the expiration date of classification.)

SECTION I: TO BE COMPLETED BY APPLICANT

A. VITAL INFORMATION

SOCIAL SECURITY NUMBER*		ATTACH \$35 MONEY ORDER OR CERTIFIED CHECK (made payable to Treasurer, State of Missouri) IF YOU ARE APPLYING FOR A CCPC	
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)			
ALL MAIDEN/FORMER NAMES			
STREET ADDRESS			
CITY, STATE, ZIP CODE			
DATE OF BIRTH	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	PHONE NUMBERS H () W ()	

B. PURPOSE OF APPLICATION: Check appropriate box

- ☐ 1. I request that my classification be **upgraded** from a temporary or provisional to an initial PC. (Items D, E, & F on the reverse side must be completed by a school district official.)
- ☐ 2. I request that my classification be **upgraded** to CCPC. (Items A, E, & F on the reverse side must be completed by school district official.)
- ☐ 3. I request an **extension or reactivation** of my initial PC or CCPC classification. (Items B, E & F on the reverse side must be completed by a school district official.)
- ☐ 4. I request a **CCPC** (high-quality) classification; thereby exempting me from certain requirements. (Items C, E & F on the reverse side must be completed by school district official.). (There is no charge for updating the Department's record – no new certificate will be issued.)

IMPORTANT: ORIGINAL TRANSCRIPTS VERIFYING SATISFACTORY COMPLETION OF REQUIRED COURSEWORK MUST BE INCLUDED WITH THIS APPLICATION IF REQUIRED.

C. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever resigned, been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View the Social Security number disclosure at <http://dese.mo.gov/schoollaw/freqaskques/SSNUsage.htm>

D. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE	DATE
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SECTION II. RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT: (A-E to be completed by school official)**A. To be completed if applicant is upgrading to CCPC classification. Requirements listed must be completed during valid dates of classification. A money order or cashier's check for \$35 made payable to Treasurer, State of Missouri, is enclosed.**

- ☐ Applicant has completed four (4) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.
NOTE: Teaching experience must be documented in Section E.
- ☐ Applicant has developed and implemented a professional development plan that is on file with our district.
- ☐ Applicant has participated in and successfully completed a two-year mentor assistance program (for initial PC or PCI certificate holders).
- ☐ Applicant has participated in a beginning teacher assistance program from a Missouri college or university.
- ☐ Applicant has completed 30 contact hours of appropriate professional development and documented such hours with our district.
- ☐ Applicant has successfully participated in the yearly performance based teacher evaluation program of this district.

B. To be completed if applicant is extending or reactivating the initial PC or CCPC classification.

- ☐ Applicant has completed _____ years of Department of Elementary and Secondary Education (DESE) approved teaching experience.
NOTE: Teaching experience must be documented in Section E.
- ☐ Applicant has demonstrated continued progress with his/her professional development plan that is on file with our district.
- ☐ Applicant has completed _____ contact hours of appropriate professional development and documented such hours with our district. PC applicants must complete a total of 30 contact hours. CCPC applicants must complete 15 contact hours yearly.
- ☐ Applicant has successfully participated in the yearly performance based teacher evaluation program of this district.
- ☐ Applicant has participated in and successfully completed a _____-year mentor assistance program (for initial PC certificate holders).
- ☐ Applicant has/will complete 24 contact hours of professional development within six months prior to or after renewal or reactivation of this certificate.

C. To be completed if applicant is requesting a CCPC (exemption) classification.

- ☐ Applicant has demonstrated continued progress with his/her professional development plan that is on file with our district **AND TWO OF THE THREE FOLLOWING ITEMS:**
- ☐ Applicant has completed ten (10) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.
NOTE: Teaching experience must be documented in Section E.
- ☐ Applicant has completed a master's degree in education or in an area of certification.
- ☐ Applicant has completed National Board Certification.

IMPORTANT:

ORIGINAL TRANSCRIPTS VERIFYING CONFERMENT OF MASTER'S DEGREE OR DOCUMENTATION OF NATIONAL BOARD CERTIFICATION MUST BE INCLUDED WITH THIS APPLICATION UNLESS IT IS ALREADY ON FILE WITH EDUCATOR CERTIFICATION.

D. To be completed if applicant is upgrading to an initial PC classification.

- ☐ Applicant has completed all the requirements of their Temporary Authorization Certificate.
- ☐ Applicant has completed all the requirements of their Provisional Certificate.

E. Verification of approved teaching experience – To be completed by school official for all upgrading applicants.

Teaching experience must be contracted and should be at least half-time employment. Substitute teaching and serving as a teacher's aide or assistant does not qualify as teaching experience. Document here total years of teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.

Total teaching experience at previous district(s)	_____ years	_____ months
Total teaching experience at this district	_____ years	_____ months
Total approved teaching experience	_____ years	_____ months

F. To be completed by school official for all upgrading/renewing applicants.

I verify that _____ has provided documentation for all of the above information and the information is true and complete to the best of my knowledge.

SIGNATURE OF SCHOOL OFFICIAL

DATE

SCHOOL DISTRICT

NAME OF SCHOOL OFFICIAL

SCHOOL ADDRESS

TITLE OF SCHOOL OFFICIAL

SCHOOL TELEPHONE

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY:

PLEASE RETURN THIS FORM TO
EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!
<http://dese.mo.gov>